

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

Application No.: **To b Assign d**  
 Filing Date: **Concurr ntly herewith**  
 Attorney Docket No.: **US19984054-8**  
 Inventor Name(s):  
 Title:

Express Mail Label No. **EV 118532824 US**



<b>APPLICATION ELEMENTS</b>	<b>ADDRESS TO:</b> Assistant commissioner for Patents Box Patent Application Washington, DC 20231
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- ☒ Fee Transmittal Form
- ☐ Patent Application data Entry Form
- ☒ Specification comprising (63) pages, (21) claims.
- ☒ Drawings ( Sixteen) (16) sheets
- ☐ Declaration and Power of Attorney

**ACCOMPANYING APPLICATION PARTS**


- ☐ Assignment Papers (cover sheet and document(s))
- ☐ Information Disclosure Statement (IDS)/PTO-1449
- ☐ Copies of IDS citations
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard
- ☐ Other:

**IF A CONTINUING APPLICATION**

☐ Non-Provisional of Provisional ☐ Continuation ☐ Divisional ☒ Continuation-in-Part (CIP) of  
 prior application No: **6,045,588** Filed: **03/10/98**

**CORRESPONDENCE ADDRESS**

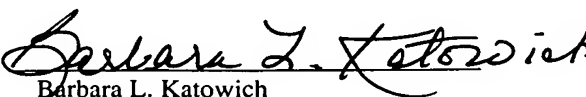
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<b>Address</b>	<b>500 Renaissance Drive Suite 102</b>				
<b>City</b>	<b>St. Joseph</b>	<b>State</b>	<b>Michigan</b>	<b>Zip Code</b>	<b>49085</b>
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<b>Name</b>	<b>STEPHEN KREFMAN</b>	<b>Registration No.</b>	<b>Date</b>
<b>Signature</b>		<b>28,631</b>	<b>10/31/03</b>

**CERTIFICATE OF MAILING**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as Express Mail in an envelope addressed to the: Commissioner for Patents, Alexandria, VA 22313-1450.

Date: 10-31-03

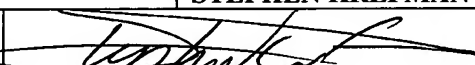
  
 Barbara L. Katowich

16085 U.S. PTO  
103103

<b><u>FEE TRANSMITTAL FORM</u></b>			Application No.: To be assigned Filing Date: Concurrently herewith Inventor(s): Title: <b>NON-AQUEOUS WASHING MACHINE &amp; METHODS</b> Attorney Docket No.: <b>us19984054-8</b>		
Total Amount of Payment <b>\$874.00-</b>					
<b>CLAIMS AS FILED - PART I</b>			<b>OTHER THAN SMALL ENTITY</b>		
	Number Filed		Number Extra	Rate	Fee
Basic Fee	1		0	\$770.00	\$770.00
Total Claims	21	-20	1	x \$18 =	18.00
Independent Claims	4	-3	1	x \$86=	86.00
			<b>TOTAL FEE =</b>		<b>\$874.00</b>

CLAIMS AS AMENDED - PART II						
<b>AMENDMENT A</b>	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total		Minus	20		\$18	
Independent Claims		Minus			\$86	
<b>TOTAL FEE =</b>					<b>\$</b>	

<b>AMENDMENT B</b>	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate	Additional Fee
Total		Minus	20	0	\$18	0
Independent Claims		Minus	3	0	\$86	0
<b>TOTAL FEE =</b>					<b>0</b>	

<b>SUBMITTED BY:</b>			
Name	<b>STEPHEN KREFMAN</b>		Registration No. <b>28,631</b>
Signature			Date: <b>10/31/03</b>

Charge Deposit Account No. **23-1660** in the amount of **\$874.00**

The commissioner is hereby authorized to charge any additional fees which may be required or to credit any overpayment to account **23-1660**.